August 20, 1985

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Dear Dr. Varmus:

First, I'd like to express my thanks for seeking the input of clinicians on the naming of the AIDS retrovirus; second, I thank you for the honor of requesting my opinion.

I think the term "AIDS" should be avoided in the name. My reasons for this opinion are not entirely based on a belief that a more neutral name will make explanation of a positive test any easier. Until the natural history of infection with the virus is better understood and widely publicized, the same amount of discussion would likely be required with any name. Eventually, it would be easier to explain the potential ramifications of infection with a virus that had a clinically neutral name than with one whose name announced a worst case bias.

I would also argue for a clinically neutral name for reasons of accuracy and durability. Over the next few years we will gain much knowledge about the natural history of the various clinical syndromes caused or precipitated by infection with the virus; the terminology for these syndromes will probably change to more accurately reflect this improved understanding. We will probably retain the term AIDS since it does accurately describe all the clinical conditions arising from infection with the virus but we will hopefully add a grading or staging system. It just seems unwise to give this virus the name of a clinical syndrome that will probably undergo definitional refinement.

We will not know for several generations the percentage of permanently asymptomatic, resolved, or arrested cases of infection. Since it will be so long before we will have data sufficient to statistically predict lifelong outcomes following infection it also seems prudent to select a clinically neutral name for the virus.

As you have suggested, I think that perhaps in the short term a name that doesn't contain the term AIDS probably will become synonymous with "AIDS virus" but as the natural history of infection becomes better defined over the coming decades a neutral, nonclinical name will be vindicated, as it were.

I hope these thoughts will be of some value in your deliberations.

Sincerely.

Robert K. Bolan, M.D.